

INTERNSHIP APPLICATION

2007



Office of Congresswoman Mary Fallin

CONGRESSWOMAN MARY FALLIN -- INTERNSHIP APPLICATION FORM

PLEASE TYPE OR PRINT LEGIBLY

Please check the session and location for which you are applying:

Summer 2006 Session _____
(May 22 – August 18)

Fall 2006 Session _____
(September 7 - December 18)

Oklahoma City office _____

Washington DC office _____

Please indicate if your start/end dates would vary from those listed above:

As best you can, please list on what days and at what times you are available:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Note: Interns are expected to make a commitment of at least 15 hours per week.

PERSONAL INFORMATION

Full Name: _____ Today's Date: _____
Last, First, Middle Initial

Social Security #: _____ - _____ - _____ Place of Birth: _____
City, State

U.S. Citizenship: YES ____ NO ____

Current Address:

Permanent Address:

Email: _____

Current Phone: _____ Home Phone: _____

Are you a registered voter? YES ____ NO ____

Prior Campaign/Political/Government Experience: _____

Areas of Interest: _____

How did you hear about Congresswoman Fallin's internship program?

Are you receiving, or do you plan to receive funding (scholarships, grants, etc.) during the course of your internship? If so, from what source?

ACADEMIC INFORMATION

College/University/High School: _____

School's Address: _____

Select One: Undergraduate / Graduate / Law -not presently a student

Expected Year of Graduation: _____ GPA: _____ Major: _____

Major Field of study: _____ Minor (if applicable): _____

SECURITY QUESTIONS

Have any disciplinary or administrative actions (i.e. probation, suspension, expulsion) been taken against you by your school or are any pending? YES ____ NO ____

Have you ever been charged with or convicted of any criminal offense, DUI/DWI or misdemeanor offense? YES ____ NO ____

Have you ever used, possessed, supplied or manufactured any illegal drugs? YES ____
NO ____

If you answered "Yes" to any questions mentioned above, please explain and include the dates of the actions on a separate page.

NARRATIVE RESPONSES:

1. Why would you be a good representative of the office of Congresswoman Mary Fallin?

2. What would you contribute to the Intern Program?

3. Which of the Congresswoman's policies is most important to you? Why?

4. What do you consider your most significant accomplishment? Why?

CERTIFICATION

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that knowingly false answers will lead to the rejection of my application or immediate dismissal from the program.

Signature

Date